SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

28 FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Thein, Ron,,, Date of Receipt Mailing Address 9406 Crossbow Dr 16 2017 City Zip Code State Transaction ID: 499ED6718E40462D8F64 Bloomington IL 61705-8003 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vp - Financial Operations State Farm Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Vandongen, Carla, , , Date of Receipt Mailing Address 11 Bent Tree Ln 05 2017 City State Zip Code Transaction ID : BEFD5F1153C3475CA110 IL Towanda 61776-7511 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) State Farm Associate General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Vo, Anh, , , Date of Receipt Mailing Address 2304 Maidens Castle Dr 30 2017 City State Zip Code Transaction ID: 985CF7FF-FF7C-4609-TX Lewisville 75056-5628 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Operations Manager** State Farm Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7